MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/561611**　　FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		③		1		
8		④		1		
9		⑤		1		
10		⑥		1		
11		⑦		1		
12		⑧		1		
13		⑨		1		
14		⑩		1		
15		⑪		1		
16		⑫		1		
17		⑬		1		
18		⑭		1		
19		⑮		1		
20		⑯		1		
21		⑰		1		
22		⑱		1		
23		⑲				
24		⑳		1		
25		㉑		1		
26		㉒		1		
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TOTAL IND.	⬇	2	⬇			⬅
TOTAL DEP.	⬅	32	⬅			⬅
TOTAL CLAIMS		34				

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	⬇		⬇			⬇
TOTAL DEP.	⬅		⬅			⬅
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)